Information kit
November 2004

Portrait of the population

René-Cassin and NDG/Montréal-Ouest Health and Social Service Center

Portrait of the population

Agence de développement de réseaux locaux de services de santé et de services sociaux
Québec
Montréal

This document draws a portrait of the population on the René-Cassin and NDG/Montréal-Ouest Health and Social Service Centre (CSSS[1]) territory. The portrait is based on socio-demographic, socio-economic and socio-sanitary data. It also features a summary of health service use habits, and some data on the environment.

Overview

The population of the René-Cassin and NDG/Montréal-Ouest Health and Social Service Centre (CSSS) is 117,650 people and represents 7% of the population of Montreal.

This territory is better off than the Island as a whole. It has a lower unemployment rate than the other territories. It also has a lower proportion of persons receiving employment assistance and living under the low-income cut-off. It features a lower proportion of single-parent families, and social problems are less prevalent among young people there than in the Montreal area.

With regard to the state of the population's health, it also seems better than the overall health of Montrealers. Life expectancy is longer, chronic diseases wreak less damage, and the avoidable mortality rate is lower than on the Island as a whole.

SOCIO-DEMOGRAPHIC HIGHLIGHTS	
> CSSS	**> Island of Montreal**
Population: 117,650 people, i.e. 6.5% of the population of the Island of Montreal	**Population:** 1,812,720 people
Demographic growth forecast: 6.4% for 2001-2011, growth virtually nil for the under-15 age group, and slight drop in the 65 and over age group	**Demographic growth forecast:** 3.6% for 2001-2011, strong growth in the 65 and over age group, moderate growth in the 15 to 64 age group and drop in growth among the under-15 age group
Single-parent families: 30.1% (René-Cassin: 24%, NDG/Montréal-Ouest: 34%)	**Single-parent families:** 33%
Immigrants: 37% (René-Cassin: 41%, NDG/Montréal-Ouest: 34%); 8% recent immigrants*	**Immigrants:** 28%, and 6% recent immigrants*
* Who arrived in Canada between 1996 and 2001.	

1 Centre de santé et de services sociaux.

106-06105/

SOCIO-ECONOMIC HIGHLIGHTS

> CSSS	> Island of Montreal
Unemployment rate: 8.9% (René-Cassin: 7.7%, NDG/Montréal-Ouest: 9.6%)	**Unemployment rate:** 9.2%
Employment-assistance claimants: 9.2% (René-Cassin: 6.9%, NDG/Montréal-Ouest: 10.6%)	**Employment-assistance claimants:** 12.8%
People living under the low-income cut-off: 25.7% (René-Cassin: 21.3%, NDG/Montréal-Ouest: 28.7%)	**People living under the low-income cut-off:** 29%
Population 20 or older without a high-school diploma: 17% (René-Cassin: 20%, NDG/Montréal-Ouest: 14.9%)	**Population 20 or older without a high-school diploma:** 26.5%

STATE OF HEALTH OF THE POPULATION

> CSSS	> Island of Montreal
Life expectancy at birth: 77.9 years for men (René-Cassin: 79.4 years, NDG/Montréal-Ouest: 76.5 years); 82.5 years for women (René-Cassin: 83 years, NDG/Montréal-Ouest: 81.9 years)	**Life expectancy at birth:** 74.8 years for men; 81.1 years for women
Birth rate: 10.9 per 1,000 (René-Cassin: 10.1 per 1,000, NDG/Montréal-Ouest: 11.4 per 1,000)	**Birth rate:** 11.3 cases per 1,000
Proportion of births with intrauterine growth retardation: 7.2% (René-Cassin and NDG/Montréal-Ouest: 7.2%)	**Proportion of births with intrauterine growth retardation:** 7.7%
Mortality rate from cancer: 228 cases per 100,000	**Mortality rate from cancer:** 253 cases per 100,000
Mortality rate from circulatory diseases: 267 cases per 100,000	**Mortality rate from circulatory diseases:** 320 cases per 100,000
Mortality rate from respiratory diseases: 64 cases per 100,000	**Mortality rate from respiratory diseases:** 79 cases per 100,000
Mortality rate from suicide: 10 cases per 100,000	**Mortality rate from suicide:** 15 cases per 100,000
Mortality rate from unintentional injury: 18 cases per 100,000	**Mortality rate from unintentional injury:** 23 cases per 100,000
Infant mortality rate: 5.7 cases per 1,000 (René-Cassin: 3.9 cases per 1,000, NDG/Montréal-Ouest: 6.7 cases per 1,000)	**Infant mortality rate:** 5.6 cases per 1,000
Diabetes prevalence rate: 6% (René-Cassin: 7.7%, NDG/Montréal-Ouest: 4.9%)	**Diabetes prevalence rate:** 5.7%
Avoidable mortality rate: 50 cases per 100,000	**Avoidable mortality rate:** 63 cases per 100,000

AMONG YOUNG PEOPLE	
> CSSS	**> Island of Montreal**
Victimization and externalization rate: 15 and 11 cases per 1,000 (René-Cassin: 9 cases per 1,000 in both situations, NDG/Montréal-Ouest: 18 and 13 cases per 1,000)	**Victimization and externalization rate:** 21 and 14 cases per 1,000
Teenage pregnancy rate: 18 cases per 1,000 (René-Cassin: 12 cases per 1,000, NDG/Montréal-Ouest: 21 cases per 1,000)	**Teenage pregnancy rate:** 28 cases per 1,000
15 to 24 years of age and not in school: 23.7% (René-Cassin: 19.3%, NDG/Montréal-Ouest: 26.3%)	**15 to 24 years old and not in school:** 31.6%
Juvenile delinquency rate: 50 cases per 1,000 (René-Cassin: 33 cases per 1,000, NDG/Montréal-Ouest: 61 cases per 1,000)	**Juvenile delinquency rate:** 61 cases per 1,000

ENVIRONMENT	
> CSSS	**> Island of Montreal**
In almost 24% of households, at least one person smokes in the house.	In almost 28% of households, at least one person smokes in the house.

Socio-demographic data

In 2001, the population of the René-Cassin and NDG/Montréal-Ouest CSSS territory was 117,650 people, and represented 7% of the population of the territory of Montreal. The population on this territory falls within two CLSC sectors: 41% in the René-Cassin sector and 59% in the NDG/Montréal-Ouest sector. With over a quarter of its population in the 65 and over age group, the CLSC René-Cassin is the sector in Montreal where this proportion is the highest compared to the rest of the Island.

AGE BREAKDOWN OF THE POPULATION, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 2001 (NUMBER AND PROPORTION)

	CLSC René-Cassin Sector		CLSC NDG/Montréal-Ouest Sector		René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
Total population	47,720		69,930		117,650		1,812,720	
	Number	%	Number	%	Number	%	Number	%
Age 14 and under	7,320	15.3	11,455	16.4	18,775	16.0	290,515	16.0
Age 15-64	28,015	58.7	48,320	69.1	76,335	64.9	1,245,515	68.7
Age 65 and over	12,405	26.0	10,150	14.5	22,555	19.2	276,690	15.3

Source: Statistics Canada, 2001 census, geocoded data (electronic output).

A growing population

Demographic growth on the René-Cassin and NDG/Montréal-Ouest CSSS territory should reach 6.4% between 2001 and 2011, compared to 3.6% on the Island of Montreal. While both CLSC sectors should see growth, there will be less growth in the René-Cassin sector.

For Montreal as a whole, the population is ageing rapidly. Elderly persons represent an ever-growing proportion of the total population, the number of persons age 65 and over is rising and the number of young people under the age of 14 is dropping. The situation on this CSSS territory is somewhat different, since population figures will not vary much for those two age groups over the 2001-2011 period. This is explained by different situations from one CSSS sector to the other. While the population age 65 and over will grow in the NDG/Montréal-Ouest sector, it will drop in the René-Cassin sector.

What is...

A proportion?

Proportion expresses a comparative part or a portion of the total, at a given time. It is calculated by dividing the number of persons with a common characteristic at a given time, by the total population sharing the same situation at that time.

A rate?

Rate expresses the frequency with which an event takes place within a population, at a given time. It is calculated by dividing the number of cases occurring during a given period by the proportion of the population at risk during that same period. The result is usually multiplied by a multiple of 10.

An age-standardized rate?

This method consists of using weighted averages for rates per age, in order to adjust data to a typical population. This makes it possible to compare two populations with different age structures. For example, since cancer is more frequent among older age groups, the age-standardized rate is used rather than the crude rate, so that the differences observed between the two populations are not caused by the fact that one population is older than the other.

2 SCS et al. (2002), *Guide des termes d'usage dans l'épidémiologie et la surveillance du VIH/SIDA*, p. 44.

3 *Ibid.*, p. 50.

4 Health Canada, *Cancer Surveillance Online Web Site*.

EXPECTED POPULATION GROWTH ACCORDING TO AGE GROUP, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 2001-2011 (RATE %)

Age groups	CLSC René-Cassin Sector %	CLSC NDG/Montréal-Ouest Sector %	René-Cassin and NDG/Montréal-Ouest CSSS %	Island of Montreal %
0-14	1.9	-0.7	0.3	-4.8
15-64	9.5	10.1	9.9	3.9
65 and over	-12.0	9.3	-1.4	11.3
Total	**3.6**	**8.2**	**6.4**	**3.6**

Source: MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Significant English-speaking community

During the last census, 31.1% of the population on the René-Cassin and NDG/Montréal-Ouest CSSS territory described themselves a French-speaking (66.1% on the Island) and 66.9% described themselves as English-speaking (31.7% on the Island). The proportion of English speakers on this territory is the highest on the Island of Montreal.

SPOKEN LANGUAGES OF THE POPULATION, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 2001 (NUMBER AND PROPORTION)

	CLSC René-Cassin Sector		CLSC NDG/Montréal-Ouest Sector		René-Cassin and NDG/Mtl.-Ouest CSSS		Island of Montreal	
	Number	%	Number	%	Number	%	Number	%
French-speaking population (language officially spoken)*	12,082	26.0	23,795	34.5	35,877	31.1	1,178,772	66.1
English-speaking population (language officially spoken)*	33,458	72.0	43,796	63.5	77,254	66.9	565,227	31.7
Population speaking a language other than French or English (language officially spoken)	929	2.0	1,379	2.0	2,309	2	39,352	2.2

* Persons who declared more than one first official language were split evenly among "French" and "English".

Source: Statistics Canada, 2001 census, geocoded data (electronic output).

Over 37% of the population born outside of Canada

In 2001, the René-Cassin and NDG/Montréal-Ouest CSSS featured 9% of immigrants living in the Montreal area, i.e. 42,840 individuals, distributed as follows: René-Cassin 45% and NDG/Montréal-Ouest 55%. Immigrants represented 37.1% of the territory's population.

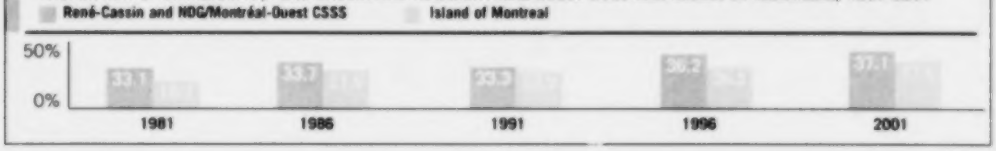
The main countries of birth of immigrants living in this CSSS territory are Morocco (7%), Poland (6.4%), Italy (6%) and Romania (5.7%). Recent immigrants, or immigrants who arrived in Canada between 1996 and 2001, account for 7% (8,705) of the territory's population.

What is adapting services to immigrants' needs?

Recent immigrant populations are found to be in better state of health than the overall population. However, the circumstances surrounding their integration into the host community can bring about a noticeable deterioration of their state of health.

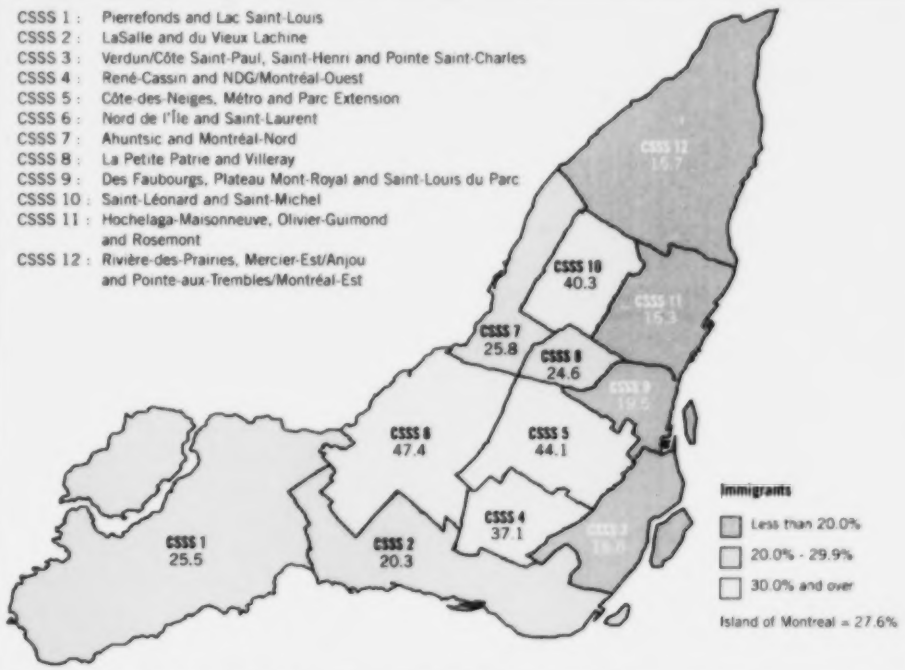
It is necessary to adapt interventions to take into account the cultural and language characteristics of immigrants, as well as a range of specific needs and health problems. This will improve the quality and effectiveness of the services provided.

PROPORTION OF IMMIGRANTS, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS AND ISLAND OF MONTREAL, 1981-2001



PROPORTION OF IMMIGRANTS (%) PER CSSS TERRITORY ON THE ISLAND OF MONTREAL, 2001

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est



Sources: Statistics Canada, 1981 and 1986 censuses, geocoded data (paper output).
Statistics Canada, 1991, 1996 and 2001 censuses, geocoded data (electronic output).

MAIN (15) COUNTRIES OF ORIGIN OF THE IMMIGRANT POPULATION ON THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY, 2001 (PROPORTION)

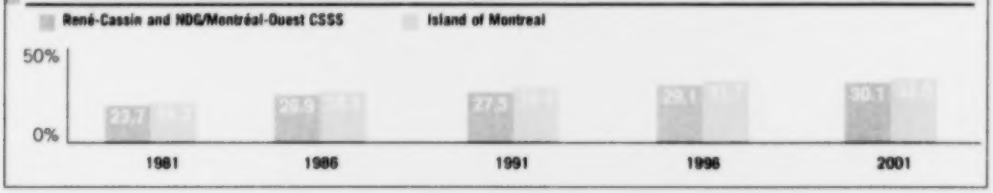
Country of origin	%	Country of origin	%
Morocco	7.0	France	3.8
Poland	6.4	United Kingdom	3.5
Italy	6.0	Russian Federation	3.4
Romania	5.7	Hungary	2.6
Iran	4.1	Jamaica	2.4
People's Republic of China	4.0	Ukraine	1.7
Philippines	3.9	Germany	1.7
United States	3.9		
Total of first 15 countries			**60.2**
Total number of immigrants			**42,840**

Source: Statistics Canada, 2001 census, geocoded data (electronic output).

Single-parent families account for over 30% of families

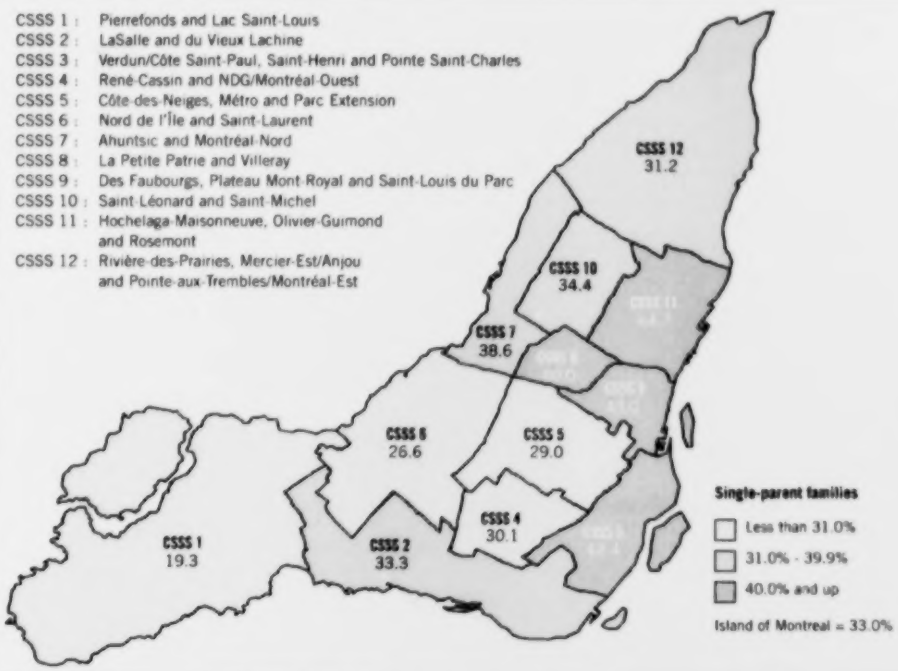
On the René-Cassin and NDG/Montréal Ouest CSSS territory, 30.1% of families with children were single-parent families in 2001, compared to 33% on the Island as a whole. Of the two CLSC sectors, René-Cassin had a lower proportion (24%) compared to 34% in NDG/Montréal-Ouest. Similarly to the Island as a whole, the proportion of single-parent families has increased steadily over the last 20 years.

PROPORTION OF SINGLE-PARENT FAMILIES AMONG FAMILIES WITH CHILDREN, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS AND ISLAND OF MONTREAL, 1981 TO 2001



PROPORTION OF SINGLE-PARENT FAMILIES, CSSSs ON THE ISLAND OF MONTREAL, 2001

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est



Sources: Statistics Canada, 1981 and 1986 censuses, geocoded data (paper output).
Statistics Canada, 1991, 1996 and 2001 censuses, geocoded data (electronic output).

Births

From 1998 to 2000, there was an average 1,265 births per year on the René-Cassin and NDG/Montréal-Ouest CSSS territory, 62% of which took place in the NDG/Montréal-Ouest sector, and 38% in the René-Cassin sector. The birth rate was similar to the Montreal average.

This rate was higher in the CLSC NDG/Montréal-Ouest sector than in the René-Cassin sector.

BIRTHS, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1998-2000 (AVERAGE ANNUAL NUMBER AND CRUDE RATE PER 1,000)

CLSC René-Cassin Sector		CLSC NDG/Montréal-Ouest Sector		René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
Number	‰	Number	‰	Number	‰	Number	‰
478	10.1	786	11.4	1,265	10.9	20,260	11.3

Source: Compilations made using MSSS Births File (electronic output).

In short

BREAKDOWN OF THE POPULATION ACCORDING TO CERTAIN SOCIO-DEMOGRAPHIC CHARACTERISTICS, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 2001 (NUMBER AND PROPORTION)

	CLSC René-Cassin Sector		CLSC NDG/Montréal-Ouest Sector		René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
Total population	47,720		69,930		117,650		1,812,720	
	Number	%	Number	%	Number	%	Number	%
Population age 18 and under	9,270	19.4	14,510	20.7	23,780	20.2	366,510	20.2
Population age 19-64	26,040	54.6	45,245	64.7	71,285	60.6	1,169,535	64.5
Population age 65 and over	12,405	26.0	10,150	14.5	22,555	19.2	276,690	15.3
Population over the age of 65 living alone	3,835	34.2	3,820	40.4	14,810	37.0	89,725	35.6
Population age 75 and over	7,585	15.9	5,200	7.4	12,785	10.9	127,735	7.0
Single-parent families	1,820	24.1	3,955	33.9	5,775	30.1	97,295	33.0
Immigrant population	19,200	41.3	23,640	34.3	42,840	37.1	492,240	27.6
Recent immigrant population (5 years)	3,070	6.6	5,635	8.2	8,705	7.5	101,040	5.7
French-speaking population (language officially spoken)*	12,082	26.0	23,795	34.5	35,877	31.1	1,178,772	66.1
English-speaking population (language officially spoken)*	33,458	72.0	43,796	63.5	77,254	66.9	565,227	31.7
Population speaking a language other than French or English (language officially spoken)	929	2.0	1,379	2.0	2,309	2.0	39,352	2.2
Population that has moved (in the last 5 years)	17,235	39.1	32,235	49.4	49,470	45.2	803,325	47.6

* Persons who declared more than one first official language were split evenly among "French" and "English".

Source: Statistics Canada, 2001 census, geocoded data (electronic output).

Socio-economic data

A fairly well-off population

Overall, the population within the René-Cassin and NDG/Montréal-Ouest CSSS territory is fairly well-off socio-economically compared to the population on the Island of Montreal. The unemployment rate, the proportion of employment-assistance claimants, and the proportion of persons age 20 and up who do not have a high-school diploma are lower there. However, over a quarter of the population lives under the low-income cut-off.[5]

The population in the CLSC René-Cassin sector is better off than the population of the CLSC NDG/Montréal-Ouest sector with regard to median income, unemployment and population living under the low-income cut-off. However, the proportion of persons age 20 and over without a high-school diploma is higher in the first sector.

What is the relation between social disparities and health?

Beyond health and social services, biology, living habits and behaviours, the determining factors of health include the physical and social environment: education, employment, income, family and social fabric, distribution of wealth, etc. Montreal provides many advantages in terms of access to education and participation in economic life, but there are also huge income and wealth disparities due to the existence of underprivileged sectors where the less well-off populations are concentrated. It is well known that poverty has an impact on the state of health of a given population.

Sources: Montreal Department of Public Health, *Les inégalités sociales de la santé: rapport annuel 1998 sur la santé de la population* and *La santé urbaine, une condition nécessaire à l'essor de Montréal: rapport annuel 2002 sur la santé de la population*.

SOCIO-ECONOMIC CHARACTERISTICS, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 2000-2003

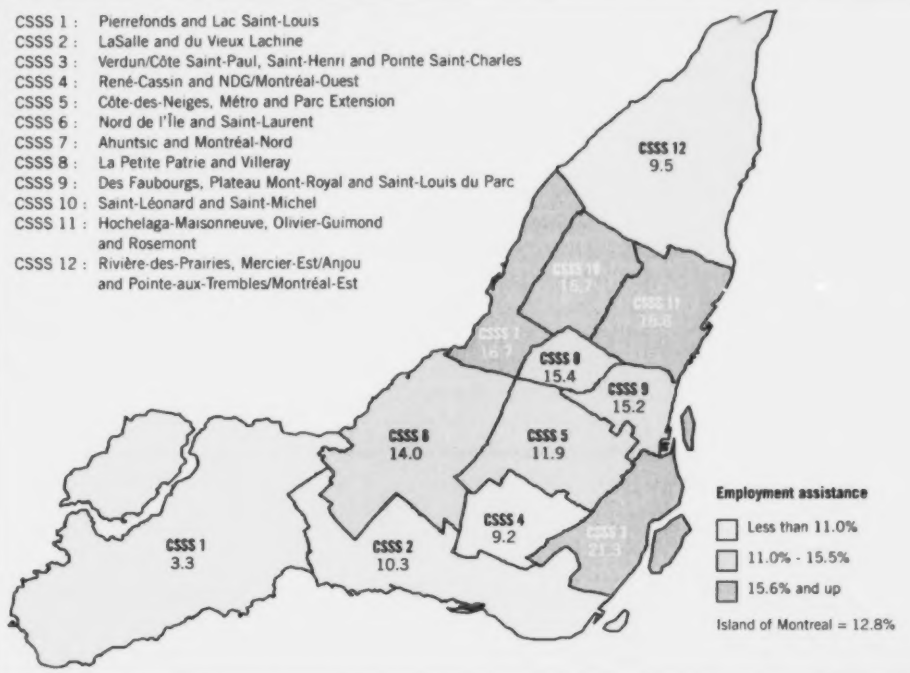
	CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
Median income of women age 15 and over (2001)	$20,073	$18,762	Not available	$17,006
Median income of men age 15 and over (2001)	$28,065	$23,748	Not available	$24,068
Median family income (2001)	$59,994	$53,021	Not available	$47,102
Median income of private households (2001)	$41,193	$36,554	Not available	$35,910
Unemployment rate (age 15 and over) (2001)	7.7 %	9.6 %	8.9 %	9.2 %
Employment-assistance claimants (2003)	6.9 %	10.6 %	9.2 %	12.8 %
Population under the low-income cut-off (2000)	21.3 %	28.7 %	25.7 %	29.0 %
Population age 20 and over without a high-school diploma (2001)	20.0 %	14.9 %	17.0 %	26.5 %

Sources: Statistics Canada, 2001 census, geocoded data (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2003 version (electronic output).

5 Since 1996, the number of employment-assistance claimants has been decreasing regularly, both within the CSSS and on the Island as a whole.

PROPORTION OF EMPLOYMENT-ASSISTANCE CLAIMANTS, CSSSs ON THE ISLAND OF MONTREAL, 2003

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est



Sources: Statistics Canada, 2001 census, geocoded data (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2003 version (electronic output).

Socio-sanitary data

Longer life expectancy

Although it compares favourably to those of the most developed countries in the world, the Island of Montreal's population lives, on average, shorter lives than the populations of Canada's other large urban centres (Ottawa, Toronto, Winnipeg, Calgary and Vancouver).[6]

On the René-Cassin and NDG/Montréal-Ouest CSSS territory, women live, on average, 5 years longer than men. Both men and women on this territory have a longer life expectancy at birth than people on the Island of Montreal. On the CSSS territory, men live 3.1 years longer and women live 1.4 years longer.

A the CLSC level, the longevity gap is almost ? years for men and 1.1 years for women. The René-Cassin sector has better results than the NDG/Montréal-Ouest sector.

Life expectancy in good health, which is the number of years lived without disability and institutionalization, is longer by 2.3 years.

LIFE EXPECTANCY AT BIRTH BY GENDER, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1994-1998

	CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
Men (years)	79.4	76.5	77.9	74.8
Women (years)	83.0	81.9	82.5	81.1

Sources: Compilations made using the MSSS Deaths File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 (electronic output).

LIFE EXPECTANCY IN GOOD HEALTH, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1994-1998

Both sexes (years)

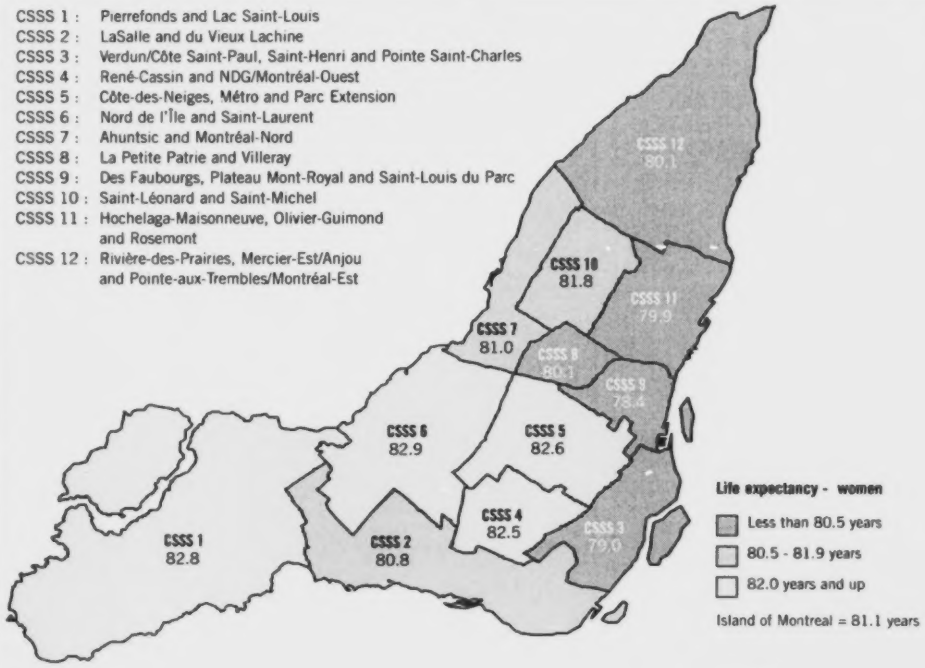
CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
73.6	71.3	Not available	69.6

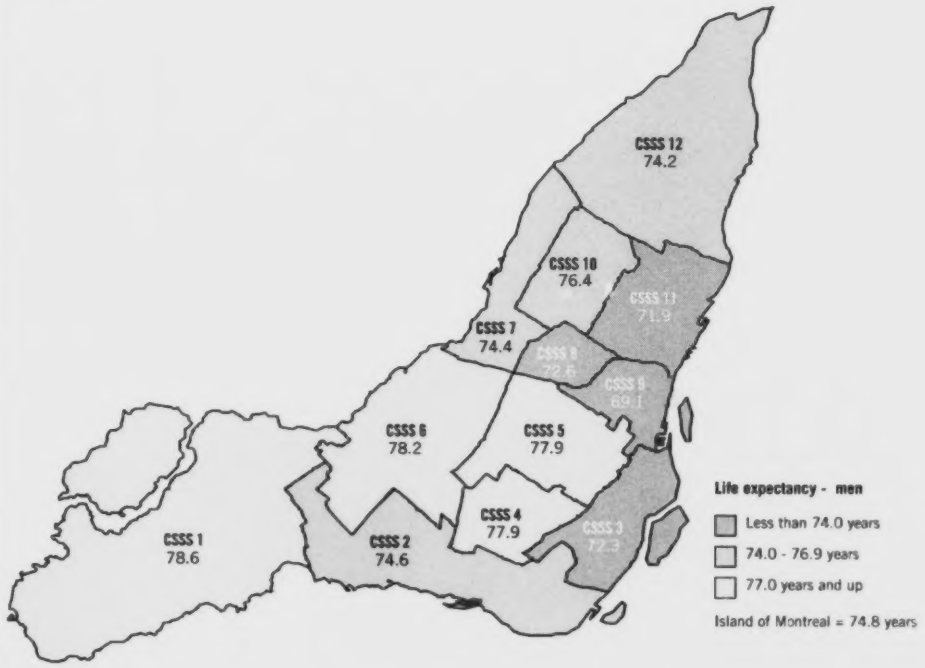
Sources: Compilations made using the MSSS Deaths File (electronic output).
Statistics Canada, 1996 census, geocoded data (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

6 Montreal Department of Public Health, *La santé urbaine, une condition nécessaire à l'essor de Montréal: rapport annuel 2002 sur la santé de la population.*

LIFE EXPECTANCY, WOMEN AND MEN, CSSSs ON THE ISLAND OF MONTREAL, 1994-1998

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est





Sources: Compilations made using the MSSS Deaths File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Major causes of death

The longer life expectancy observed within the René-Cassin and NDG/Montréal-Ouest CSSS territory can be partly explained by lower mortality rates for the four major causes of death: cancer, circulatory system, respiratory system and unintentional injury.

MAIN CAUSES OF DEATH, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS AND ISLAND OF MONTREAL, 1994-1998 (AVERAGE ANNUAL NUMBER AND AGE-STANDARDIZED RATE PER 100,000)

	René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
	Number	Rate per 100,000	Number	Rate per 100,000
CHRONIC DISEASES				
Cancer	349	228	4,570	253
Lung cancer	64	43	1,266	70
Colorectal cancer	46	29	563	31
Breast cancer	36	41	417	39
Prostate cancer	21	28	212	28
Circulatory diseases *	464	267	5,780	320
Respiratory diseases**	114	64	1,431	79
INJURY				
Unintentional***	28	18	408	23
Suicide	12	10	273	15

* Examples of circulatory diseases: high blood pressure, heart failure, cerebrovascular disease, artery disease, ischemic heart disease.
** Examples of respiratory diseases: pneumonia, flu, obstructive pulmonary diseases.
*** Examples of unintentional injury: motor vehicle and bicycle accidents, falls, intoxication, poisoning.

Sources: Compilations made using the MSSS Deaths File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Suicide

Comparing Montreal to other Canadian urban areas with similar social and demographic characteristics shows not only that the mortality rate due to suicide is higher on the Island, but is in fact more than 50% higher than the rates for Ottawa, Toronto and Vancouver.[7]

From 1994 to 1998, 10 suicides per 100,000 inhabitants were recorded on the René-Cassin and NDG/Montréal-Ouest CSSS territory. This rate, which is lower than the rate for Montreal as a whole, is one of the lowest for all CSSSs.

7 Montreal Department of Public Health, Web site.

Hospital morbidity

With regard to the main causes of hospitalization, observations on the René-Cassin and NDG/Montréal-Ouest CSSS territory from 1995 to 1999 showed that the hospitalization rate for three of the four most common diagnosis categories – cancer, circulatory diseases and respiratory diseases – was lower there than on the Island of Montreal as a whole, particularly for respiratory diseases.

MAIN CAUSES OF HOSPITALIZATION*, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1995-1999 (AVERAGE ANNUAL NUMBER AND AGE-STANDARDIZED RATE PER 100,000)

	René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
	Number	Rate per 100,000		Rate per 100,000
Cancer	1,075	79	15,674	86
Cardiac and circulatory diseases	2,039	132	26,025	142
Respiratory diseases	890	63	14,902	82
Unintentional injury	978	70	11,979	66

* Refers to short-time physical care. Day surgery, long-term care, and "hospital-at-home" type hospitalizations are excluded from this figure. Only general and specialized care hospitals are included. Centres with psychiatry, rehabilitation or residential and long-term care as their primary vocation are therefore excluded.

Sources: Compilations made from the MSSS's MED-ÉCHO Hospitalization File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Incidence of the most common types of cancer

During the period from 1996 to 2000, the incidence rates for lung cancer and prostate cancer were lower on the René-Cassin and NDG/Montréal-Ouest CSSS territory than on the Island as a whole, whereas the breast-cancer incidence rate was a bit higher.

What is incidence?

Incidence is the number of new cases of a particular disease reported for a population over a given period of time.

There are a few differences between the two CLSC sectors: the incidence of lung cancer and prostate cancer is higher in the NDG/Montréal-Ouest sector, whereas the incidence of breast cancer is higher in the René-Cassin sector.

CANCER INCIDENCE RATE, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1996-2000 (AVERAGE ANNUAL AGE-STANDARDIZED RATE PER 100,000)

	CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
	Per 100,000	Per 100,000	Per 100,000	Per 100,000
Lung cancer	48	59	53	80
Colorectal cancer	62	65	63	65
Breast cancer	146	127	136	127
Prostate cancer	89	101	94	104

Sources: Compilations made using the MSSS Tumour File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Prevalence of diabetes

In 1999-2000, the diabetes prevalence rate on the René-Cassin and NDG/Montréal-Ouest CSSS territory was similar to the diabetes prevalence rate on the Island of Montreal. René-Cassin was the most affected of the two CLSC sectors, with a prevalence rate of 7.7%, whereas a prevalence rate of 4.9% was recorded in the CLSC NDG/Montréal-Ouest sector.

What is prevalence?

The number of persons suffering from an uncured disease in a given region at a given time.

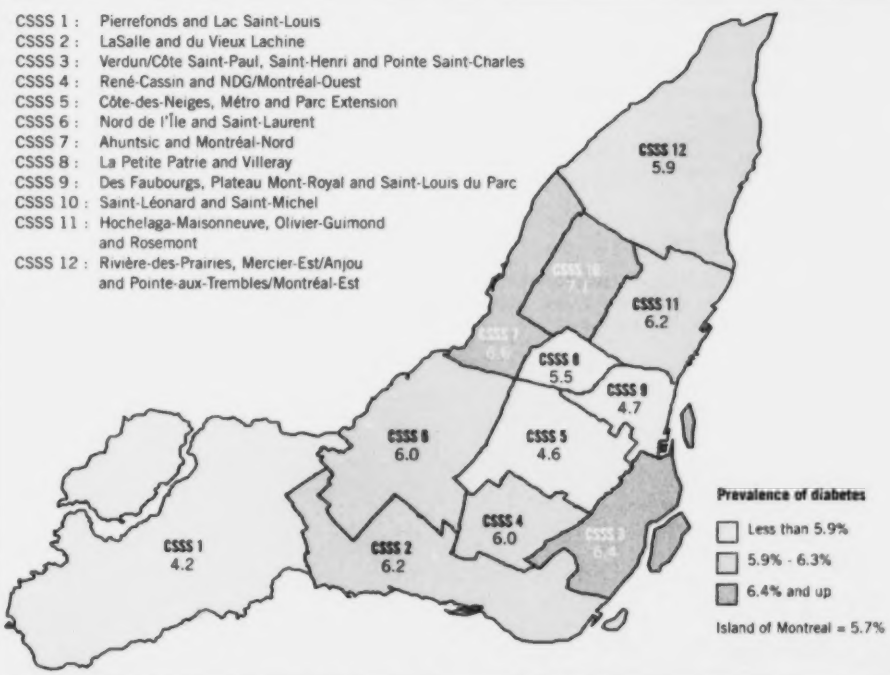
DIABETES PREVALENCE RATE, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1999-2000 (AVERAGE ANNUAL CRUDE RATE %)

	CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
	%	%	%	%
20-44 years	1.1	1.0	1.0	1.2
45-64 years	6.1	5.4	5.7	6.6
65 years and up	17.5	14.4	16.1	15.8
Total	**7.7**	**4.9**	**6.0**	**5.7**

Sources: Compilations made using the INSPQ's *Système québécois de surveillance du diabète* (electronic output).
MSSS, *Service de développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

PREVALENCE OF DIABETES AMONG PEOPLE AGE 20 AND OVER, CSSSs ON THE ISLAND OF MONTREAL, 1999-2000

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est



Sources: Compilations made using the INSPQ's *Système québécois de surveillance du diabète* (electronic output).
MSSS, *Service de développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Reportable diseases

Every year, the Montreal area receives almost 15,000 reports of infectious reportable diseases (RD). This figure represents an under-estimate of the actual number of cases of infection within the population.[8] Furthermore, cases reported for Montreal cannot always be identified as belonging to a specific CSSS territory; rates are consequently underestimated for each of the territories.

On the Island of Montreal and on the René-Cassin and NDG/Montréal-Ouest CSSS territory, the most common RDs are sexually tryearsmitted infections (STIs). The tuberculosis incidence rate on this CSSS territory is half the rate for Montreal.

In relation to the other CSSSs, the René-Cassin and NDG/Montréal-Ouest CSSS shows higher incidences of Hepatitis C and vaccine-preventable diseases. Approximately 5% of people infected with acute Hepatitis B become chronic carriers. From 1998 to 2002, 226 cases of Hepatitis B carriers were reported on the territory.

With regard to food- or water-borne infections, this CSSS has a relatively low rate compared to the other CSSSs.

What are reportable diseases?

These diseases, linked to biological, chemical or physical exposure, cause severe health problems. When a case is reported, the Department of Public Health must intervene to prevent cases from spreading, in order to protect the group as well as individuals.

What are...

Sexually transmitted infections?

The incidence of sexually transmitted infections is higher on the CSSS territories where there are populations of men who have unprotected sexual relations with other men (gonorrhea, syphilis), or the highest number of young girls having unprotected sexual relations (chlamydia).

Vaccine-preventable diseases?

Currently, the incidence of vaccine-preventable diseases mainly refers to the situation of certain adolescents who are vulnerable to whooping cough.

Tuberculosis?

Despite a significant drop in the incidence of tuberculosis in the 20th century, tuberculosis still exists in Montreal. It occurs more often in people who have lived in countries where tuberculosis is endemic.

Hepatitis A?

Cases of Hepatitis A are now mainly found in travelers who have visited countries where the disease is endemic, or in people who have had contact with infected cases.

Acute Hepatitis B?

Cases of acute Hepatitis B are found among sexually active persons, mainly non-vaccinated men.

Hepatitis C?

Hepatits C is found in persons who have been infected by blood transfusions in the past, or have received care in countries where the disease is endemic. New cases come mainly from sharing needles during injectable drug use.

Food- or water-borne infections?

Food- or water-borne infections are still significant, and a number of them have epidemic potential. Several reported cases were infected during the handling of contaminated food, such as raw meat, or during travel outside of Montreal.

8 Not all infected persons go to the doctor or undergo the appropriate confirmation tests. Furthermore, some health professionals and laboratories do not respect the Act respecting public health by failing to report the RDs they diagnose. The underestimation of RD incidence varies from one CSSS to another.

REPORTABLE DISEASES* (RD), RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1998-2002 (NUMBER OVER 5 YEARS AND AVERAGE ANNUAL CRUDE RATE PER 100,000)

	René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal		
Disease	**Total number over 5 years**	**Rate per 100,000**	**Total number over 5 years**	**Rate per 100,000**	**CSSS unknown**
Vaccine-preventable diseases**	117	19.9	1,523	16.8	137
Tuberculosis	34	5.8	851	9.4	2
Hepatitis A	16	2.7	294	3.3	36
Acute Hepatitis B	16	2.7	302	3.3	31
Hepatitis B carrier/chronic carrier	226	38.5	3,580	39.6	642
Hepatitis C	304	51.7	7,478	82.7	3,447
Sexually transmitted diseases***	437	73.9	16,535	179.6	8,010
Water-borne or food-borne diseases****	381	64.9	7,510	83.1	1,163

* Almost a third of RD, mainly sexually tryearsmitted infections, come to the Department of Public Health without an address, which does not make it possible to make an accurate estimate of incidence rates per CSSS.
** Includes whooping cough, meningococcal infections, mumps, measles, rubella and type-B *Haemophilus influenzae* infections.
*** Includes gonorrhea, syphilis, AIDS. Excludes cases of HIV, which are monitored at the provincial level: no data is available at the CSSS level.
**** Includes amebiasis, brucellosis, campylobactiosis, paratyphoid fever, typhoid fever, yersioniosis, giardiasis, verocytotoxin-producing E. coli infections, salmonella, shigellosis, food poisoning and gastroenteritis of undetermined origin.

Sources: Compilations made using the Central RD File of the INSPQ's *Laboratoire de la santé publique* (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

The importance of being born healthy

Newborns with intra-uterine growth retardation (IUGR) are more susceptible to health problems.

During the period from 1998 to 2000, the proportion of births with intra-uterine growth retardation on the CSSS territory was 7.2%, compared to 7.7% for the Island of Montreal as a whole.

What are births with intra-uterine growth retardation?

A newborn with intra-uterine growth retardation (IUGR) has insufficient weight for his or her gestational age. The proportion of births with intra-uterine growth retardation is a recognized indicator of children's health.

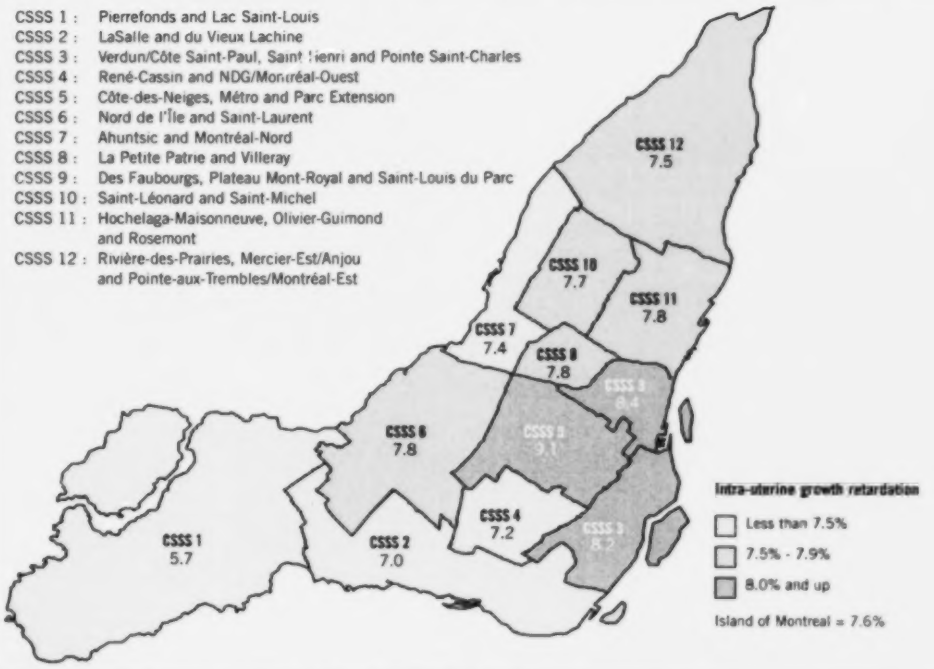
NEWBORNS WITH INTRA-UTERINE GROWTH RETARDATION, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1998-2000 (AVERAGE ANNUAL NUMBER AND PROPORTION)

CLSC René-Cassin Sector		CLSC NDG/Montréal-Ouest Sector		René-Cassin and NDG/Montréal-Ouest CSSS		Island of Montreal	
Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
34	7.2	56	7.2	91	7.2	1,548	7.7

Source: Compilations made using the MSSS Births File (electronic output).

PROPORTION OF BIRTHS WITH INTRA-UTERINE GROWTH RETARDATION, CSSSs ON THE ISLAND OF MONTREAL, 2001

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est



Source: Compilations made using the MSSS Births File (electronic output).

Avoidable mortality rate under the Montreal average

In 2002, Montreal ranked behind other big Canadian cities in terms of its avoidable mortality rate, despite an improvement over the previous 20 years. The situation was comparatively better on the René-Cassin and NDG/Montréal-Ouest CSSS territory: from 1994 to 1998, 50 cases of avoidable mortality per 100,000 were recorded, compared to 63 cases per 100,000 for Montreal.

It should be noted that avoidable mortality and morbidity rates are 75% higher for low-income groups.[9]

What is avoidable mortality?

Avoidable mortality refers to a group of diseases for which a portion of deaths could have been avoided through appropriate medical intervention and proper care.

Diseases in this group include: tuberculosis, chronic rheumatic heart disease, abdominal hernias, hypertensive diseases, cerebro-vascular diseases, ischemic heart disease, cervical cancer, appendicitis, peptic ulcers.

9 Montreal Department of Public Health, *La santé urbaine, une condition nécessaire à l'essor de Montréal: rapport annuel 2002 sur la santé de la population*, p. 74.

AVOIDABLE MORTALITY RATE*, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1994-1998 (AVERAGE ANNUAL AGE-STANDARDIZED RATE PER 100,000)

René-Cassin and NDG/Montréal-Ouest CSSS per 100,000	Island of Montreal per 100,000
50	63

* Diseases and age groups factored: tuberculosis (age 5 to 64); chronic rheumatic heart disease (age 5 to 44); asthma (age 5 to 44); abdominal hernia (age 5 to 64); hypertensive and cerebro-vascular diseases (age 35 to 64); ischemic heart disease (age 35 to 64); cervical cancer (age 15 to 64); appendicitis (age 5 to 64); breast cancer (age 25 to 64); peptic ulcers (age 25 to 64).

Sources: Compilations made using the MSSS Deaths and Natimortality File (electronic output).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).

Infant mortality

What is infant mortality?

Infant mortality is a classic indicator of access to proper care, such as pregnancy follow-up and neonatal case management.

With regard to infant mortality, the situation in Montreal is considered good in relation to the other big Canadian urban centres.[10]

From 1994 to 1998, the infant mortality rate on the René-Cassin and NDG/Montréal-Ouest CSSS territory was similar to the situation for the Montreal area. There is, however, a non-negligible difference between the two CLSC sectors. The infant mortality rate was almost twice as high in the NDG/Montréal-Ouest sector as in the René-Cassin sector.

INFANT MORTALITY RATE, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1994-1998 (PER 1,000)

CLSC René-Cassin Sector ‰	CLSC NDG/Montréal-Ouest Sector ‰	René-Cassin and NDG/Montréal-Ouest CSSS ‰	Island of Montreal ‰
3.9	6.7	5.7	5.6

Source: Compilations made using MSSS Births and Deaths Files (electronic output).

10 *Ibid.*, p. 72.

Inequalities among young people

The situation among young people on the René-Cassin and NDG/Montréal-Ouest CSSS territory seems better than the situation for the Island as a whole in terms of victimization, externalization and teenage pregnancy. Indicators show that these problems are less common. There is, however, a certain gap between the two CLSC sectors on this territory. All indicators show an advantage for the René-Cassin sector in relation to the NDG/Montréal-Ouest sector.

What is...

Victimization?

Victimization refers to children who have been victims of abandonment, negligence, sexual abuse or physical abuse, and are living in youth centres.

Externalization?

Externalization refers to children with behaviour problems or who have committed an offense and are living in youth centres.

SOCIO-SANITARY CHARACTERISTICS OF YOUNG PEOPLE, RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND ISLAND OF MONTREAL, 1995-2001

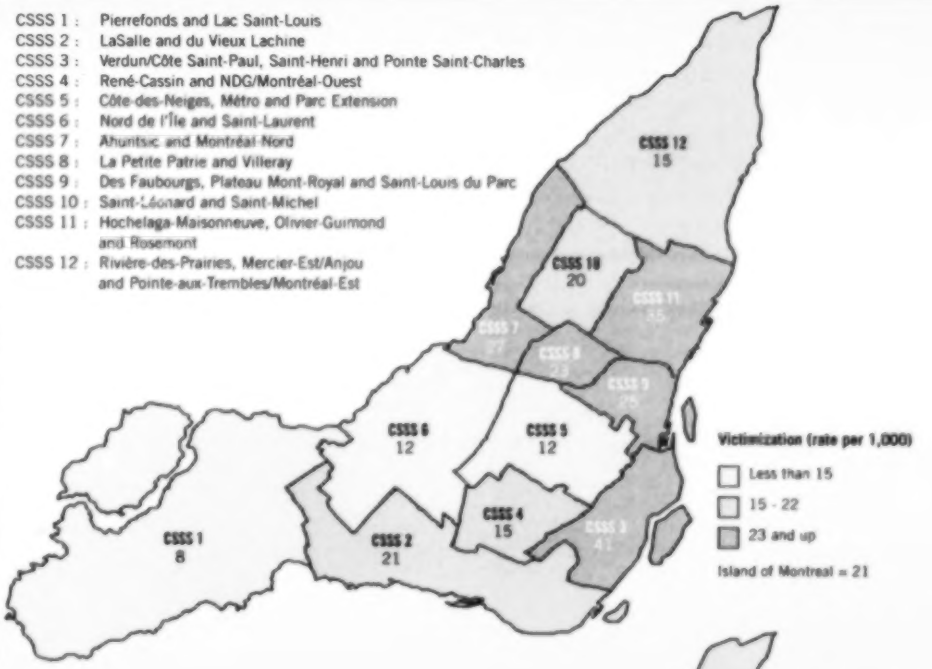
	CLSC René-Cassin Sector	CLSC NDG/Montréal-Ouest Sector	René-Cassin and NDG/Montréal-Ouest CSSS	Island of Montreal
Victimization, age 0-17 (crude rate per 1,000), 1998-2000	9	18	15	21
Externalization, age 0-17 (crude rate per 1,000), 1998-2000	9	13	11	14
Teenage pregnancy, age 14-17 (crude rate per 1,000), 1995-1997	12	21	18	28
Not going to school, age 15-24 (%), 2001	19,3	26,3	23,7	31,6
Juvenile delinquency rate*, age 12-17 (crude rate per 1,000), 2000	33	61	50	61

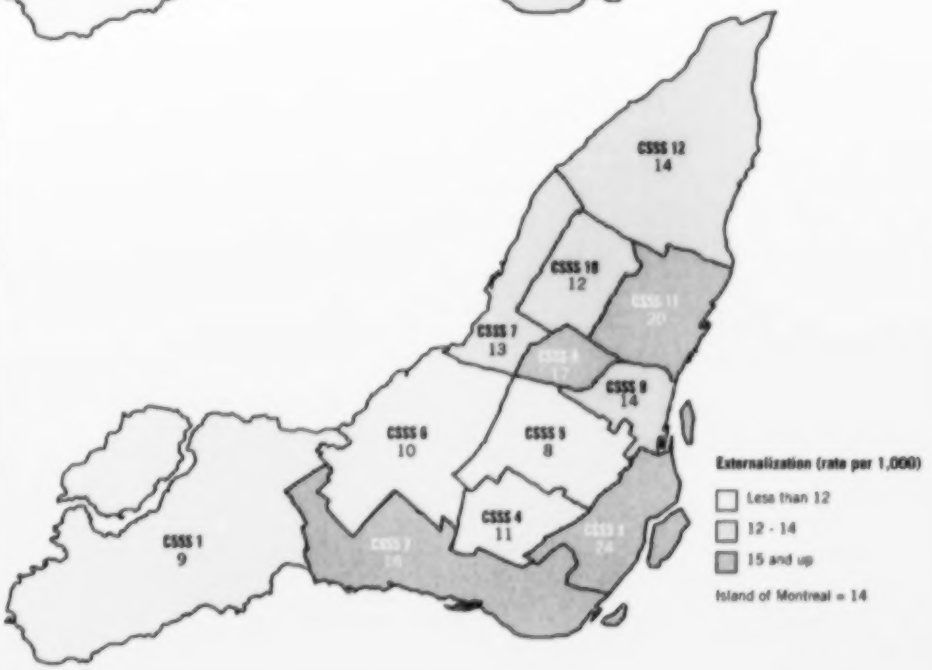
* Delinquents residing on the CSSS territory.

Sources: MSSS, *Service des indicateurs et de la mesure de la performance, Direction de la gestion de l'information* (special compilations).
MSSS, *Direction de l'évaluation, de la recherche et de l'innovation* (special compilations).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).
SPVM, *Données sur la criminalité* (special compilations).
Statistics Canada, 2001 census, geocoded data (electronic output).

VICTIMIZATION AND EXTERNALIZATION RATES IN THE 0-17 AGE GROUP, CSSSs ON THE ISLAND OF MONTREAL, 1998-2000

CSSS 1 : Pierrefonds and Lac Saint-Louis
CSSS 2 : LaSalle and du Vieux Lachine
CSSS 3 : Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles
CSSS 4 : René-Cassin and NDG/Montréal-Ouest
CSSS 5 : Côte-des-Neiges, Métro and Parc Extension
CSSS 6 : Nord de l'Île and Saint-Laurent
CSSS 7 : Ahuntsic and Montréal-Nord
CSSS 8 : La Petite Patrie and Villeray
CSSS 9 : Des Faubourgs, Plateau Mont-Royal and Saint-Louis du Parc
CSSS 10 : Saint-Léonard and Saint-Michel
CSSS 11 : Hochelaga-Maisonneuve, Olivier-Guimond and Rosemont
CSSS 12 : Rivière-des-Prairies, Mercier-Est/Anjou and Pointe-aux-Trembles/Montréal-Est





Sources: MSSS, *Service des indicateurs et de la mesure de la performance, Direction de la gestion de l'information* (special compilations).
MSSS, *Direction de l'évaluation, de la recherche et de l'innovation* (special compilations).
MSSS, *Service du développement de l'information, Direction de la gestion de l'information*, February 2001 version (electronic output).
SPVM, *Données sur la criminalité* (special compilations).
Statistics Canada, 2001 census, geocoded data (electronic output).

Data on service use habits[11]

Hospitalizations by diagnosis category

The table below presents the most common diagnoses among hospitalized persons from the René-Cassin and NDG/Montréal-Ouest CSSS territory.

BREAKDOWN OF HOSPITALIZATIONS* BY DIAGNOSIS CATEGORY, POPULATION OF THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY AND THE ISLAND OF MONTREAL (NUMBER OF CASES, PROPORTION AND RANKING, 2002-2003)

Diagnosis category	CSSS (No. of cases)	CSSS (%)	CSSS (ranking)	Island of Montreal (No. of cases)	Island of Montreal (%)	Island of Montreal (ranking)
Obstetric	1,429	14,07 %	2	22,848	14,75 %	1
Newborn	1,321	13,01 %	3	20,577	13,28 %	2
Circulatory system	1,447	14,25 %	1	20,363	13,14 %	3
Digestive system	880	8,67 %	4	12,989	8,38 %	4
Respiratory system	793	7,81 %	6	12,811	8,27 %	5
Musculoskeletal system	861	8,48 %	5	11,329	7,31 %	6
Mental illness	450	4,43 %	8	7,968	5,14 %	7
Nervous system	561	5,52 %	7	7,764	5,01 %	8
Urinary tract	355	3,50 %	9	5,413	3,49 %	9
Genital-Women	278	2,74 %	10	4,533	2,93 %	10
Liver-spleen system and pancreas	227	2,24 %	13	4,352	2,81 %	11
Other factors	273	2,69 %	11	3,955	2,55 %	12
Skin, sub-cutaneous tissue and breasts	241	2,37 %	12	3,356	2,17 %	13
Endocrino-nutrition and metabolism	171	1,68 %	14	2,891	1,87 %	14
Otho-rhino-laryngology	152	1,50 %	15	2,633	1,70 %	15
Tumours	146	1,44 %	16	2,000	1,29 %	16
Genital-Male	136	1,34 %	17	1,887	1,22 %	17
Infectious and parasitic diseases	112	1,10 %	18	1,679	1,08 %	18
Hematology	108	1,06 %	19	1,520	0,98 %	19
Injuries and poisoning	96	0,95 %	20	1,421	0,92 %	20
Mental, organic and toxicological problems	42	0,41 %	22	1,022	0,66 %	21
Ophthalmology	47	0,46 %	21	839	0,54 %	22
HIV	9	0,09 %	24	429	0,28 %	23
Multiple trauma	10	0,10 %	23	208	0,13 %	24
Burns	10	0,10 %	23	130	0,08 %	25
Total	**10,155**	**100,00 %**		**154,917**	**100,00 %**	

* Only short-term hospitalizations are included. This compilation by DRG (Diagnosis Related Groups) classifies hospital stays in a limited number of groups characterised by dual medical and economic homogeneity.

Source: MED-ÉCHO, 2002-2003.

11 No valid data is available on specialized service use habits for physical rehabilitation, intellectual impairment rehabilitation, alcohol and drug abuse rehabilitation or services provided to troubled youth.

Data on certain interventions

The table below presents data on certain interventions to which the population on the René-Cassin and NDG/Montréal-Ouest CSSS territory had access in 2002-2003.

NUMBER OF HOSPITALIZATIONS* FOR CERTAIN INTERVENTIONS, POPULATION OF THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY (2002-2003)

Interventions	Number of hospitalizations
Cataract	1,235
Angioplasty	119
Hearth bypass	78
Knee prosthesis	62
Hip prosthesis	81
Total	**1,575**

* Short-term care and day surgery.

Source: MED-ÉCHO, 2002-2003.

Data on institution use

In 2002-2003, residents of the René-Cassin and NDG/Montréal-Ouest CSSS territory who were hospitalised for general care were admitted to the Jewish General Hospital (37.1%) the MUHC (28.6%) and St. Mary's Hospital (22.3%). With regard to over-specialized care, admissions were split evenly between the MUHC (42.5%) and the Jewish General Hospital (42.3%). With regard to residential care, 44.9% of the people from the territory who receive residential care in a CHSLD were placed in an institution on the territory, and 21.2% were placed in a CHSLD in a neighbouring territory, that of the Côte-des-Neiges, Métro and Parc Extension CSSS.

BREAKDOWN OF ADMISSIONS TO SHORT-TERM CARE INSTITUTIONS, POPULATION FROM THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY (NUMBER AND PROPORTION, 2002-2003)

General care	Number	%
Sir Mortimer B. Davis Jewish General Hospital	2,675	37.1%
McGill University Health Centre (MUHC)	2,063	28..6%
St. Mary's Hospital	1,610	22.3%
Hôpital Sainte-Justine	263	3.6%
Centre hospitalier de l'Université de Montréal (CHUM)	235	3.3%
Other	368	5.1%
Total	**7,214**	
Over-Specialized care Number		**%**
McGill University Health Centre (MUHC)	327	42.5%
Sir Mortimer B. Davis Jewish General Hospital	325	42.3%
Montreal Cardiology Institute	41	5.3%
Centre hospitalier de l'Université de Montréal (CHUM)	29	3.8%
Hôpital Sainte-Justine	24	3.1%
Other	23	3.0%
Total	**769**	

Source: MED-ÉCHO, 2002-2003.

NUMBER OF PERSONS FROM THE RENÉ-CASSIN AND NDG/MONTRÉAL-OUEST CSSS TERRITORY WHO RECEIVE RESIDENTIAL CARE IN A CHSLD, ACCORDING TO CHSLD TERRITORY (NUMBER AND PROPORTION)

CHSLD Territory	Number	%
René-Cassin and NDG/Montréal-Ouest CSSS	422	44.9 %
Côte-des-Neiges, Métro and Parc Extension CSSS	199	21.2 %
Pierrefonds and Lac Saint-Louis CSSS	57	6.1 %
Verdun/Côte Saint-Paul, Saint-Henri and Pointe Saint-Charles CSSS	43	4.6 %
Other	219	23.3 %
Total	**940**	

Source: Admission Info, June 2004.

Data on the environment

Six indicators to help understand[12]

The field of environmental health covers health problems caused or aggravated by biological, chemical, physical or radiological contamination of various environments: air, soil, water and food. Based on currently available data, three environmental health issues have been considered due to their impact on the population's health and well-being, and their relevance at the CSSS scale: physicochemical pollution, due to its aggravation of cardio-respiratory diseases; microbiological pollution, due to its role in rhinitis and allergic asthma; and suffocating heat, since its sanitary effects can be considerable.

What is the relation between environment and health?

The population is susceptible to exposure to physical, chemical and biological agents present in the air, soil, water and food. To list but a few examples, there is exposure to electromagnetic fields, to UV rays, to certain toxic substances, to pollen and to the *Escherichia coli* bacteria.

The health impacts of these various types of exposure, be it by inhalation, ingestion or skin contact, can manifest themselves over varying periods of time, are very diverse, and can take on the form of toxic effects, infections or allergies. Furthermore, extreme meteorological events, such as heat waves, can have fatal sanitary effects, namely death, among elderly persons.

An analysis of these indicators on the René-Cassin and NDG/Montréal-Ouest CSSS territory reveals that:

1 The territory is highly residential. There is only one source of industrial emissions, which has a lower pollution level than those in other territories.

2 In 2003, almost 17% of households reported having burned wood in their home, compared to 12.5% for the area as a whole. Given the small size of the sample used, this figure is deemed imprecise and is only presented as a guide.

3 In almost 24% of households, at least one person smokes in the house, whereas the proportion is 28% on the Island. Given the small sampling size in the CSSS, this value is deemed imprecise and is only presented as a guide.

4 Ozone levels and fine-particle levels exceed pan-Canadian standards (127 µg/m³ and 30 µg/m³ respectively), a trend that is observable in the entire region.

5 In August and September, during the pollen season, ragweed pollen often exceed 100 grains/m³, which is a value that indicates a high level. Peaks can reach over 330 grains/m³ some years.

6 In 2003, the proportion of households with an air conditioning system was 43%, compared to 38% in the Montreal area. This difference is not significant from a statistical point of view.

12 Because several indicators (wood combustion, exposure to ambient smoke and air conditioning), broken down by CSSS territory, were calculated based on a sample of the population (DSP-Montréal-Centre, Sondage Omnibus, 2003), the results presented are often based on a very small number of people. There is therefore a significant gap and a degree of statistical uncertainty in relation to several estimates.

With regard to air quality indicators (levels of ozone, fine particles and ragweed pollen), the sampling station located within the CSSS was considered. In the absence of such as station within the CSSS, the closest station located in another CSSS was used.

Bibliography

AGENCE DE DÉVELOPPEMENT DES RÉSEAUX LOCAUX DE SANTÉ ET DE SERVICES SOCIAUX. *Vers des réseaux locaux de services de santé et de services sociaux à Montréal, document d'appui, Montréal*, 2004, 83 pages.

CHOINIÈRE, R., MASSIE, J., PARADIS, C. *Le portrait statistique de la santé des Montréalais, Montréal*, 2003, 342 pages.

DIRECTION DE SANTÉ PUBLIQUE DE MONTRÉAL. *Les inégalités sociales de la santé: rapport annuel 1998 sur la santé de la population*, 1998, 92 pages.

DIRECTION DE SANTÉ PUBLIQUE DE MONTRÉAL. *La santé urbaine, une condition nécessaire à l'essor de Montréal: rapport annuel 2002 sur la santé de la population*, 2002, 92 pages.

DIRECTION DE SANTÉ PUBLIQUE DE MONTRÉAL. *La prévention en actions: plan d'action montréalais en santé publique 2003-2006*, 75 pages.

DSP MONTRÉAL-CENTRE, SONDAGE OMNIBUS, Avril-Mai 2003. *Données de climatisation, de chauffage au bois et de l'exposition à la fumée de tabac.*

RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DE MONTRÉAL-CENTRE. *Rapport annuel d'activités 2002-2003*, 118 pages.

SANTÉ CANADA. *Surveillance du cancer en direct*, [En ligne], 2002. [http://dsol-smed.hc-sc.gc.ca/dsol-smed/cancer/glossa_f.html] (13 septembre 2004).

SOCIÉTÉ CANADIENNE DU SIDA (SCS) et du CENTRE DE PRÉVENTION ET DE CONTRÔLE DES MALADIES INFECTIEUSES (CPCMI), SANTÉ CANADA, *Guide des termes d'usage dans l'épidémiologie et la surveillance du VIH/sida*, Ottawa, 2002, 93 pages.

VILLE DE MONTRÉAL, *Carte Occupation du sol, mise à jour 2001*. Données des types d'occupation du sol dominants dans un territoire de CSSS.

VILLE DE MONTRÉAL, *Inventaire des principales sources industrielles sur le territoire de l'île de Montréal, pour l'année 2000*. Données sur les émissions des polluants émis par les industries.

VILLE DE MONTRÉAL, *Qualité de l'air à Montréal, Rapports 1999, 2000, 2001, 2002 et 2003*. Données sur la qualité de l'air.

Agence
de développement
de réseaux locaux
de services de santé
et de services sociaux
Québec
Montréal